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FACT SHEET

Basic Support for Institutionalizing Child Survival (BASICS)

OVERVIEW

USAID/Afghanistan launched its BASICS project in March 2008. Despite the enormous progress already made in rebuilding Afghanistan's health system, there was an urgent need to improve healthcare for children. In district and provincial hospitals, children under five made up 27 percent of hospital admissions, but nearly 60 percent of all hospital deaths. At the policy level, there was no apparent child survival agenda. Additionally, the Integrated Management of Childhood Illnesses (IMCI) protocol needed updating to include zinc for treatment of diarrhea (a leading cause of childhood death), provisions for newborn care, and reinforcement of nutrition monitoring and support. Finally, at the local level, Community Integrated Management of Childhood Illness (C-IMCI) was not comprehensively addressed by community health workers, and the quality of community case management was lacking. The BASICS project addresses these deficiencies at the policy, community, health facility, and hospital levels.

ACTIVITIES

- Revising and developing child survival and health-focused policies and strategies.
- Improving child health care at the community level.
- Improving child health care provided by health clinics and local medical facilities.
- Improving child health care at the hospital level.
- Strengthening cross-cutting health system components to improve child health care.

RESULTS

- **Policy level** – Updated the Child and Adolescent Health Policy and Strategy, which prioritizes mortality reduction. The Technical Advisory Group approved the policy and strategy in September 2009.
- **Community level** – Designed demonstration projects to implement the essential child survival interventions at the community level. Conducted in five districts, the projects provided expanded and improved interventions in nutrition (growth monitoring), newborn care, and community-case management. Between 50 and 75 percent of community health workers in these districts were trained on the package of child health interventions.
- **Health facility level** – Conducted a joint assessment of IMCI implementation with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), under the leadership of the Ministry of Public Health. Based on the assessment, the facility-based Integrated Management of Childhood Illnesses (IMCI) protocol and training curriculum were refined and updated to include newborn care, treatment of jaundice and ear infections, and use of low-osmolality oral rehydration salts and zinc as treatment for diarrhea.
- **Hospital level** – Conducted a participatory quality assessment of pediatric care in six provincial hospitals and five district hospitals in six provinces. Based on the results, four priority quality improvement interventions were defined for the six provincial hospitals: emergency triage and treatment for children; care of sick newborns; infection control and hygiene; and supportive supervision and monitoring.
- **Cross-cutting health system components** – Drafted a behavior change communications strategic plan for child survival and assisted in reviewing community-based, health center-based, and hospital-based Health Management Information Systems (HMIS) indicators for child and newborn health.